## **Appendix B. Potential Users of Registration Information**

Potential users of registration information include the registrant (vendor), agency procurement officer (buyer), agency accounting and finance officers, government agencies other than the agency initiating the procurement process, the general public, and providers of value-added networks (VANs). The vendor, as the registrant, is required to verify and modify any outdated information. In addition, the vendor has the right to appeal any inaccurate information. The VAN and the agency's procurement officer and accounting and finance officers extract certain pertinent information from the data. Certain information in the data files is useful to other government entities and the general public. The Small Business Administration and others are interested in the statistics and performance of women and disadvantaged business owners under electronic commerce/electronic data interchange. Potential buyers are interested in the vendor's financial strength and track records. Commercial credit reporting companies will focus on new ventures not listed with them and update their data bases.

Description	Vendor	Buyer	Acct. & Fin.	Public	Govt.	VAN
Business name (legal name)	X	X	X	X	X	X
Applicant's name (if applicable; could be a component within a business)	X	X	X	X	X	X
Applicant's additional name information (if applicable)	X	X	X	X	X	X
Business address (number, street, city, state, and zip code)	X	X	X	X	X	X
Applicant's trading partner identification number	X	X	X	X	X	X
Type of application (initial, change, renewal)	X	X	X	X	X	
Date of application	X	X				
Applicant's taxpayer identifying number (TIN) (employer's identification number or social security number)	X		X	X	X	
Applicant's Data Universal Numbering System (DUNS) number	X	X		X	X	
Applicant's Commercial and Government Entity (CAGE) code (if known)	X	X		X	X	

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Description	Vendor	Buyer	& Fin.	Public	Govt.	VAN
Applicant's Contractor Establishment Code (CEC) (if known)	X	X		X	X	
Type of organization (individual, partnership, S-corporation, corporation, nonprofit organization, state/local government, educational institution)	X	X		X	X	
Where incorporated (foreign country or state name)	X	X		X	X	
Mailing address (number, street, city, state, and zip code) (if different from business address)	X	X	X	X	X	X
Telephone number (area code and number)	X	X	X	X	X	X
Fax number (area code and number)	X	X	X	X	X	X
Parent company name (if applicable)	X	X			X	
Parent company address (number, street, city,	X	X			X	
state, and zip code)						
Parent company TIN	X	X				
Affiliate name (optional; could be multiple)	X	X			X	
Affiliate TIN number	X	X			71	
Name of county	X	X		X	X	
Labor surplus area (yes or no)	X	7.1		71	21	
Vendor's administrative contact (person's	X	X	X	X	X	X
name)	21	71	21	21	21	71
Name and title of vendor's representative(s) authorized to sign offers and contracts	X	X		X	X	X
Accounting closing period (fiscal/accounting year)	X			X		
Average annual sales for past 3 years (accounting year)	X			X		
Average number of employees (accounting year)	X			X		
Date business started or acquired	X			X	X	
Geographic locations where the company wants to do business	X			X	X	
Type of business (manufacturing/supplies, research and development, construction, service, etc.)	X	X		X	X	
If regular dealer, dealer type (1 or 2)	X	X		X	X	
Goods and services the company wants to provide (list all applicable SIC codes, NSNs, and FSCs)	X	X		X	X	X
Other equipment, supplies, or services the company desires to offer government not listed in SIC, NSN, or FSC	X	X		X	X	
Special manufacturing equipment/materials not listed above in lines 33 and 34	X	X		X	X	
Manufacturing quality assurance (e.g., MIL-1-45208, MIL-Q-9858)	X	X		X	X	

			Acct.			
Description	Vendor	Buyer	& Fin.	Public	Govt.	VAN
Vendor's preferred method of payment (EFT, credit card, check)	X		X	X	X	
If EFT is preferred, vendor's ACH preference (CCD+ or CTX)	X		X			
If checks are preferred, remittance address (number, street, city, state, and zip code)	X		X			
Name of financial institution (bank) where payment is to be sent (could be multiple)	X		X	X		
Financial institution address (number, street, city, state, and zip code)	X		X	X		
Financial institution telephone number (area code and number) and contact person's name	X		X	X		
American Bank Association number/nine-digit routing transit number	X		X	X		
Vendor's bank account title and number (could be multiple)	X		X			
Type of account (checking, savings, lock box)	X		X			
Lock box number (if applicable)	X		X			
ACH coordinator name and telephone number	X		X			
Does the bank currently provide EFT remittance information	X		X			
If the bank is not capable of passing on remittance information, provide name and mailbox address of service provider if other than vendor or VAN	X		X			
Business classification (if applicable, e.g., U.S. citizen, woman-owned, minority-owned, veteran, etc.)	X	X		X	X	
If minority owned, is it 8(a) certified firm (yes or no)	X	X		X	X	
Business size (large, small, emerging)						
VAN's name	X	X		X	X	
Applicant's mailbox address at the VAN	X	X		X	X	
Facility security clearance (secret, top secret; OPM, DoD, or DOE)	X	X		X		
Representations and certifications acknowledgment	X	X		X		
Name of company officer, title (president, vice president, treasurer or secretary), and date	X			X		
Supplier performance rating	X	X		X		
Trading partner agreement acknowledgment	X					X
Debarred, suspended, and ineligible list	X	X		X		